# WASHINGTON MOTOR VEHICLE FUEL IMPORTER TAX RETURN

**STATE OF WASHINGTON Department of LICENSING**

**MI**

Fuel Tax Section
PO Box 9048
Olympia WA 98507-9048
(360) 664-1852

**A. REPORTING PERIOD**
Year: _____     Month: _____

FOR VALIDATION ONLY -- 108-030-115-0001

**B.**
☐ No Operations this period          ☐ Name Change
☐ Amended Return     ☐ Late Return     ☐ Address Change

**C.**

VALIDATED POSTMARK DATE

**D.**     Cancel license

Effective Date _____

**Account #**

| | | | |
|---|---|---|---|
| 1 | Fuel received (total from Schedule A on reverse) | 1 | |
| 2 | Tax exempt gallons (total from Schedule B on reverse) | 2 | |
| 3 | Taxable gallons (line 1 - line 2) | 3 | |
| 4 | Total Motor Fuel allowance (line 3 x .0031) | 4 | |
| 5 | Washington power take-off credit gallons * | 5 | |
| 6 | Net taxable or credit gallons (line 3 - line 4 - line 5) | 6 | |
| 7 | Motor fuel tax (line 6 x tax rate) | 7 | |
| 8 | Penalty after 25th of month (line 7 x 2%) | 8 | |
| 9 | Sum of line 7 + line 8 | 9 | |
| 10 | Interest (line 9 x 1%) | 10 | |
| 11 | Total fuel tax liability (line 9 + line 10) | 11 | |
| 12 | Previous payments (Amended returns only) | 12 | |
| 13 | If total of lines 11 - 12 is greater than zero, amount owed | 13 | |
| 14 | If total of lines 11 - 12 is less than zero, net refund amount | 14 | ( ) |
| | | **EFT payment** | |

## PLEASE RETAIN A COPY OF THIS TAX RETURN FOR YOUR RECORDS

**SIGNATURE REQUIRED**
I certify under penalty of perjury that this return is true, correct and complete to the best of my knowledge.

Signature _____     Title _____

Print Name _____     Date _____     Phone ( ) _____

Contact Name _____     Phone ( ) _____

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*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.*

# WASHINGTON MOTOR VEHICLE FUEL IMPORTER TAX RETURN

Name _____  Account/License no. _____

## SCHEDULE A - FUEL RECEIVED

| | | |
|---|---|---|
| A1  Imported fuel received * | A1 | |
| A2  Other ** (explain) | A2 | |
| **Total fuel received (sum of lines A1 through A2)** | | |

## SCHEDULE B - TAX EXEMPT GALLONS

| | | |
|---|---|---|
| B1  Sales to Washington licensed suppliers * | B1 | |
| B2  Export sales by Importer from own inventory* | B2 | |
| B3  Export sales to US Armed Forces or National Guard * | B3 | |
| B4  Sales to foreign governments * | B4 | |
| B5  Own use or consumption | B5 | |
| B6  Other ** (explain) | B6 | |
| **Total Exempt gallons (sum of lines B1 through B6)** | | |

\*  Support schedule required
\*\* One support schedule for each category required